

# Urban Sanitary District of BRAMPTON AND WALTON.

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## Annual Report for 1909.

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### General and Vital Statistics.

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#### Area in Acres :

Land, 10,102 acres.      Water, 31 acres.      Total, 10,133.

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	Census 1891.		Census 1901.		Estimated 1909.
Population	?	...	2698	...	3070
Inhabited Houses	?	...	541	...	638

New Houses erected during the year, 12.

RATEABLE VALUE, £17,578 8s. 0d.

ASSESSABLE VALUE, £10,409 9s. 0d.

General District Rate,  $2/8\frac{1}{2}$  in the £.

Poor Rate,  $3/9$  in the £.

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Birth Rate, 18·5.

Infantile Mortality, 70.

Death Rate from all causes, 14·6.

Death Rate from Epidemic Diseases, 0·3.

Death Rate from Enteric Fever and Diarrhoea, 0·3.

Death Rate from Phthisis, 2·2.

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CHESTERFIELD :

BROOMHEAD BROS., PACKERS' ROW,

1910.



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# Annual Report for 1909.

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GENTLEMEN,

I have pleasure in presenting my eighteenth Annual Report on the health of your District.

I have calculated the population at the middle of 1909 at 3,070. This is probably slightly underestimated. The excess of births over deaths at the end of the year was only 12. In 1909 twelve new houses were erected, making a total of 638 houses in your whole area.

## **Births and Deaths.**

During the year there were registered 57 births—29 boys and 28 girls, giving a birth-rate of 18·5 per thousand, as compared with 25·1 in the previous year, and an average of 22·9 in the previous ten years. Only once before has the birth-rate been lower. Three of the births were illegitimate.

Forty-five deaths were registered. Of these 22 were males and 23 females. It will be seen that both

as regards births and deaths the sexes have been very evenly balanced. The death-rate is 14·6 per thousand. In the year before the death-rate was only 8·9, while the average for the previous ten years was 10·9. A former resident of our District died in the Workhouse. This, when added to our total, gives a corrected death-rate of 14·9.

I here give the usual rough classification of the causes of death:—

*Zymotic or Specific Febrile Diseases :*

Whooping Cough	...	...	...	...	...	1
Diarrhœa...	...	...	...	...	...	1

*Constitutional Diseases :*

Cancer	...	...	...	...	...	2
Phthisis	...	...	...	...	...	7
Other Tuberculous Diseases...	...	...	...	...	...	2

*Local Diseases :*

Respiratory	...	...	...	...	...	6
Circulatory	...	...	...	...	...	13
Alimentary	...	...	...	...	...	3
Nervous	...	...	...	...	...	1
Urinary	...	...	...	...	...	1

*Developmental Diseases :*

Old Age	...	...	...	...	...	5
Parturition	...	...	...	...	...	1
Violence	...	...	...	...	...	2

This Table shows that no fewer than seven deaths were occasioned by Pulmonary Phthisis, and two by other tuberculous diseases. The phthisical death-rate is therefore 2·2, and for other tuberculous diseases 0·6 per thousand. As our average number

of deaths from phthisis during the past 15 years has only been 2, the comparatively large number that has occurred this year requires a word of explanation. Two of these cases were residents of Riber Cottages—the houses which have recently been built close to the borders of the Borough, and both were phthisical before they came to live there. There was a similar experience at a house in Cutthorpe, while one other case was sent into our District for change of air, and, of course, does not properly belong to us. As your neighbourhood enjoys a reputation for healthiness, sick people are often sent into it in the hope that they may receive benefit by the change. I know of at least two deaths in patients of this class. It will thus be seen that four out of our seven cases were imported.

The infectious nature of this complaint is being more and more insisted on. It has been included in the list of notifiable diseases by the Borough Authorities, and you might copy their example with advantage. In cases that have come directly under my observation, I have given directions with a view to the prevention of the disease spreading, and after death the houses have been disinfected.

The ages at which death occurred is always interesting, and it will be noticed that 22, or nearly half, took place at or over the age of 60.

For comparison I here give the figures for the Borough and for the Chesterfield Rural District.



	Birth Rate.	Death Rate.	Infantile Mortality
Chesterfield Borough	28·4	14·6	140
„ Rural District	30·4	12·4	121
Brampton and Walton	18·5	14·6	70

### **Infantile Mortality.**

Only four deaths occurred under the age of one year, giving an infantile mortality rate of 70 per thousand births. The causes of these deaths were as follows:—

Pertussis	...	...	...	...	...	1
Gastro-Enteritis	...	...	...	...	...	1
Acute Bronchitis	...	...	...	...	...	1
Tuberculous Peritonitis	...	...	...	...	...	1

### **Public Health Acts.**

The Infectious Diseases Prevention Act, 1890, and the Public Health Acts Amendment Act, 1907, have not yet been adopted. In my last Annual Report I advised that copies of the last mentioned Act should be obtained and distributed amongst the members of the Council. This was done, but the matter has not been carried further. I would again urge that the question should be taken up and settled. In dealing with the various sanitary problems that arise it is an advantage to be possessed of all the powers you can obtain, and if you adopt this Act I will prepare and submit for your consideration a scheme for the conversion of certain privy middens that are a nuisance as such. Your Inspector is

holding back a number of notices pending your decision on this point.

### **Sewage Works.**

I have visited the Sewage Works at Holymoorside and Cutthorpe, and, although our methods are not the most efficient that could be adopted, the effluent is satisfactory. This is probably due to the dilute nature of the sewage. At Cutthorpe there has been some trouble with the sewers. At one point the 'fall' allowed when the pipes were originally laid was insufficient. As a consequence the contents stagnate and the deposit fills up the pipes. During the recent wet weather the sewage could not get away quickly enough owing to the insufficient fall and diminished calibre, with the result that it backed up into some of the yards, creating a nuisance. When the weather improves I would suggest that the sewers should be carefully inspected through the manholes and the exact condition of the pipes ascertained. It will then be a question to decide whether they can be cleaned out to render them efficient, or whether they should be relaid with a greater fall.

There has been some trouble and a little friction over a sewage problem at Henpark. The property there is very old, and it has always been somewhat of a mystery what became of the sewage. We have no plans showing the course of the drains, and the proverbial oldest inhabitant could not enlighten us. It appears an old stone drain runs down in front of the property and enters a cattle drinking

pond at an obscure corner. This pond also receives road washings, and the overflow from a trough which gives a considerable volume of water in winter time. The overflow from this pond passes underground and lower down emerges on the roadside where it runs for some distance, making the road somewhat dangerous from its position, but no smell or other objectionable feature has ever been observed. The stream then passes underground once more, and after various interruptions finally reaches Lower Linacre Reservoir. This condition has existed since before the Reservoir was constructed, and the facts appear to have been known only to the Water Works Manager, but remained unreported by him, probably because he thought the matter of no importance, or perhaps because the constant pressing need for water made him somewhat indifferent as to the quality. I examined the water taken from the stream just before it entered the Reservoir, and found it to be of good quality, indeed it was apparently better than the bulk in the Reservoir. Of course, there are obvious dangers in such a condition, dangers which a chemical analysis does not reveal. This stream with its possibilities of serious contamination provides a forcible illustration of the unsuitability of Linacre as a site for a public reservoir, because, what is taking place here is taking place more or less all over the gathering ground. It is simply a question of greater or lesser directness of flow, and longer or shorter time for the sewage to become purified. Credit is



due to the Medical Officer of Health, and the Sanitary Inspector of Chesterfield, for having discovered that sewage entered the pond. Steps were taken to have the conditions altered. I advised that the road side stream was technically a sewer, and suggested that it should be conveyed to the other side of the road, and treated on the other watershed. To deal with the stream in its present course would have meant the construction of expensive sewage works, and even then there are sentimental reasons against drinking sewage effluent, however pure. After two conferences with the Water Authorities it was agreed that the Water Board should pipe the presumably good water from the trough, and that you should separately deal with the sewage element on the other watershed. Part of the scheme has been carried out. All the pipes are on the spot, and it is hoped the work will soon be completed.

At Wadshelf a somewhat similar condition exists, as I pointed out in my last Annual Report. A stone drain runs down the village street, and the contents form the commencement of a stream that flows to Brookside. I advised that a small sewage plant should be constructed, but nothing has been done. The matter is not of such great importance as the similar case at Henpark, as the water in this stream is not used for drinking purposes. At the same time it is of sufficient importance to merit your attention.

At Walton a private sewer formed of 9in. pipes

has been laid in fields in the line of a proposed street, and connected to the Borough sewage system. This provides efficient drainage for the new houses that have been erected in Walton Road, and all the older houses, except one, have been connected up.

### **Excrement Disposal.**

Early in the year I met your Council to discuss the question of excrement disposal, and the advisability of inaugurating a scheme to effect the emptying of the ashpits at the public expense. In view, however, of the probable inclusion in the extended Borough of those parts of your District where such a scheme is most needed, it was decided to postpone the matter for a year.

### **Water Supply.**

As pointed out in my last Annual Report practically the whole of your District now enjoys a pipe water supply. A large number of houses at Cutthorpe have been connected, but some still depend on wells. I went round that neighbourhood with your Inspector and some Members of the Council, and examined each well, taking a sample of the water. On analysis I found that some were better than others, but none was bad enough to justify a closing order. The position of some of these wells, however, renders them very liable to accidental contamination, and an effort should be made to induce the Landlords to provide water from the public supply.

### **Lodging=houses.**

As the middle reservoir at Linacre is practically finished, the navy population has left the neighbourhood, and there are now no Lodging Houses in your district.

### **Slaughter=houses.**

There are four Slaughter-houses on the register. Your Inspector has looked well after them, and I have also paid visits of inspection. All are in good order.

It has come to my knowledge that in our district there is a growing practice amongst farmers of killing cattle on their premises, and selling the parts to their neighbours and others. Some are even said to buy sheep expressly for this purpose. This is manifestly unfair to the regular butcher who has to register his slaughter-house, and conform to the bye-laws. It is also against the interests of the public health, for it affords an easy means of putting unsound meat on the market. Probably your Clerk can inform you what can be done in the matter. It seems difficult to decide when a farm shed becomes a slaughter-house.

### **Dairies and Cowsheds.**

There are now only 48 names on the Register of Dairies and Cowsheds. Six have given up selling milk, so their names have been removed. The

differentiation into milk sellers and other cow-keepers is not at all satisfactory. Many who do not sell milk regularly, do so occasionally to other farmers who may be short. It would be much better in my opinion to have all cow-keepers registered, giving special attention to those who sell the milk. Early in the year bills giving plain instructions with the object of safeguarding the purity of the milk, were distributed by your Inspector, with the request that they should be pasted in a prominent position inside the cow-house. In a recent round of inspection we found very few of these bills exhibited. Your inspector is now going round and pasting them up himself. It is doubtful if they will accomplish much good. Farm hands are not the most intelligent class of men, and farmers themselves are somewhat slow in absorbing new ideas. A cow-shed may be structurally perfect, it may have plenty of cubic space, efficient ventilation, abundant light, and good drainage; but unless the farm hand realizes his responsibility, and has a fairly accurate knowledge of what is meant by cleanliness, you will find on your visit that too many cattle have been crowded into the building, the ventilators have been stuffed with bags of hay, the windows are too dirty to admit light, the drains are choked up, and there is a plentiful supply of manure on the floor, walls, and on the cows themselves. It seems to me not so much new cow-sheds that are wanted as a new set of farmers with better ideas. It must not be understood that these remarks apply to all the



cow-sheds. Some are satisfactory, or nearly so. Nor must it be understood that the cow-sheds in your district are worse than elsewhere. I have taken the opportunity of visiting dairy farms in other parts of the County, and similar conditions prevail to as great an extent. Until the public takes a more active interest in the sources of its milk supply, not much good will be effected. The customer should invite himself to the farm and pay a visit at milking time. He should note the condition of the utensils, the state of the milker's hands, the cleanliness of the cow-house and the cows. In some cases he would come away satisfied. In others one of two things would happen, either he would give up drinking milk, or there would be a reformation at the farm.

It has not been the practice in this district to lime wash the inside of the roofs. I think it is important that this should be done. When undisturbed for years an accumulation of dust gathers on the rough surface. The difficulty is that many of the roofs are so high as to render the task well-nigh impossible. I suggest that the Council should procure a spraying apparatus and let it out at a nominal charge. In this way the lime-washing could be done with less labour and more efficiently.

Complaint was made by the County Council about the small number of visits made to the cow-sheds. I think your Inspector has hardly done himself justice. He has only recorded the formal visits, and left unmentioned the numerous calls he has made of a more

casual nature. My own professional work lies largely amongst the farming class, and I rarely lose an opportunity of having a look round when visiting for other purposes.

Speaking generally, (and I think your Inspector will agree with me) there has been a distinct improvement as regards cleanliness since we first took up this subject. The improvement, however, is slow and somewhat disheartening.

### **Factories and Workshops.**

The number on the register is now nineteen. This figure includes several quarries. The other places, with the exception of London Pottery, are of small importance. Visits have been made by your Inspector and I have examined the principal ones. All are in a satisfactory condition. A notice was received from the Factory Inspector respecting the provision of additional ventilation in a passage leading to a water closet at London Pottery. This was attended to.

### **Public Schools.**

The work of school inspection has been carried on during the year. At present only the children entering school for the first time, the children leaving school, and special cases, are the subjects of examination. The heads of the children have been specially examined by the School Nurse. The number of verminous heads shows a marked diminution from the previous year, but there is still need for constant super-

vision. One dirty child can do so much harm. Clean, respectable mothers have told me that it is only by the greatest vigilance that they can keep their children's heads free from vermin. In my opinion the cloak room arrangements are more to blame for the spread of the trouble, than the contact of the children's heads during play. The pegs are insufficiently spaced and the rows are too near together. Anyone who has studied the habits of these little creatures knows that when they lose their host, they at once begin to migrate, and go on migrating till they meet with another. Another important fact revealed by these inspections is that a very large proportion of the children have decayed teeth. The different schools vary somewhat in this respect. At Holymoorside practically all the children examined have this defect. There was an average of 4·2 carious teeth per child. At Cutthorpe only 65 per cent. of the children were so affected, and they had 3·3 carious teeth per child on an average.

The School Premises have also been inspected, and I give the results under separate headings.

**Holymoorside.**—Enrolment at the end of year 151. Number examined 34. Decayed teeth 34. Enlarged tonsils, or adenoids, or both, 14. Other defects 7.

The renovation of this School is now complete, and new desks have been provided. The work has been carried out in a satisfactory manner. It may only be a coincidence, but there has been a marked

diminution of sickness amongst the children during the year.

**Cutthorpe.**—Enrolment at the end of year 122. Number examined 41. Decayed teeth 27. Enlarged tonsils, or adenoids, or both 11. Other defects 3.

The privies of this School should be converted into water-closets. The play-ground should be asphalted, and a shelter for use in wet weather should be erected. A separate cloak-room should be provided for girls. My last visit was made at the dinner hour on a wet day. I found the cloak-room lined with wet clothes, and the room crowded with children in a steamy, unwholesome atmosphere. And we wonder at the prevalence of physical deterioration !

**Old Brampton and Wadshelf.**—Enrolment at the end of year 79. Number examined 18. Decayed teeth 15. Enlarged tonsils, or adenoids, or both 5. Other defects 3.

The ventilation is bad. The open fire should be used in addition to the hot water pipes, and hopper windows should be provided. The wall is damp in places, and the ceiling leaks. Part of the play-ground has been asphalted since I last reported.

**Walton.**—Enrolment at end of year 24. Number examined 10. Decayed teeth 8. Enlarged tonsils, or adenoids, or both 3. Other defects 1.



Hopper windows should be provided. An attempt should be made to cure the smoky chimney in cloak-room.

### **Infectious Diseases.**

Thirty cases of notifiable infectious diseases have been reported during the year. They were—

Scarlatina	....	27	cases
Diphtheria	....	2	„
Erysipelas	....	1	„

Considering how prevalent Scarlatina has been in the Borough, I think it is surprising that we have not had more. Seven of the cases occurred in the Children's Home in Ashgate Road, and these were all removed to the Hospital at Penmore. The others were dealt with in their own homes, disinfectants were supplied, and the rooms afterwards fumigated by burning sulphur. In four cases the bedding was sent to the steam disinfectory. In one house where there is only one bedroom, I was anxious for this and other reasons to have the child removed to Penmore Hospital, but at the time there were no beds at liberty, although accommodation was offered at Dronfield Hospital.

The two cases of Diphtheria were very mild. They occurred in children whose home is in Chesterfield. As they appeared to be slightly ailing they were sent to Holymoorside for the change of air. Swabs were taken from the throats, and

bacteriological examination revealed the presence of diphtheritic germs, although the throats gave no indication of the disease.

In addition to the above a few cases of measles, chicken pox, and whooping cough have been observed. One child died from the latter complaint, and this, with the death from diarrhœa gives a zymotic death-rate of 0·6 per thousand.

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The year in many respects has been an eventful one. In February an Inquiry was held by a Local Government Board Inspector respecting an application from Chesterfield for the extension of its boundaries. It was proposed to absorb Baslow Road as far as Brookside, Ashgate Road, and part of Walton. So far as I know the draft order has not yet been received from London. I do not know the reason for the delay, but after the pitiable case Chesterfield presented at the enquiry, one can well understand the hesitation of the Local Government Board in granting extended jurisdiction to the Borough Authorities. The time selected by Chesterfield for the introduction of their scheme was most unfortunate for you. Circumstances have prevented you from showing what you could do. Most of your rate-payers belong to the struggling small-farming class, who have great difficulty in making a living, let alone paying rates and taxes: and you have done your best to keep the rates down. The

District has laboured under a burden of debt—a legacy from Chesterfield's last Extension Scheme. And just in the year when your loans were all paid off, your rateable value considerably increased, and your financial position in consequence made easier, you are likely to have your boundaries curtailed, and to be deprived of your best ratepayers. It may be that you have carried economy to the verge of parsimony; but I think the understanding for years has been that as soon as these loans were paid off you would favourably consider schemes for the part payment of the sewage charges, the provision of public scavenging, and some system of public lighting.

Speaking generally, the health of the District is good. The death-rate is rather high for us, but in a small population like ours we get rather wide fluctuations. Appended are the usual Tables, also the Inspector's Report, and a summary of the useful work he has accomplished.

I am,

Gentlemen,

Your obedient Servant,

JAMES A. GOODFELLOW.

*23rd February, 1910.*

## REPORT BY SANITARY INSPECTOR.

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GENTLEMEN,

Twelve new houses have been erected during the year. All of them have been fitted with water-closets.

The number of milk-sellers on the Register is 48. One cow-shed has been reconstructed and one new one is in course of erection. I have personally posted Bills of Instruction (issued by the County Authorities) inside the cow-sheds. A general improvement in the conditions has been observed. My request that the tops should be lime-washed has met with much opposition. The work is difficult to carry out, especially when the cow-house is open to the roof and high. I would submit for your consideration the advisability of providing a suitable spraying apparatus and letting it out.

A number of sanitary improvements have been carried out. These are mentioned in the Official Return. The following is a summary of inspections made during the year:—



Works in progress	....	....	67
Slaughter-houses	....	....	16
Workshops	....	....	7
Infectious Diseases	....	....	11
Houses disinfected	....	....	10
Public Schools	....	....	4
Second visits (nuisances abated)			47
Other visits	....	....	44
Samples of water	....	....	19
Dairies and Cowsheds		....	95
Offensive accumulations		....	2
TOTAL			<u>322</u>

I am,

Gentlemen,

Your obedient Servant,

W. J. NICHOLLS.

TABLE 1.—Vital Statistics of the Brampton &amp; Walton District during 1909, and previous years.

YEAR.	Population estimated to middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate*	UNDER 1 YEAR OF AGE.		AT ALL AGES.					Number.	Rate*
				Number.	Rate per 1000 Births registered	Number.	Rate*					
I	2	3	4	5	6	7	8	9	10	11	12	13
1899	2700	80	29.6	11	137	31	11.4	0	1	0	30	11.1
1900	2700	64	23.7	3	46	28	10.3	0	2	0	26	9.6
1901	2702	59	21.8	9	152	37	13.6	0	0	0	37	13.6
1902	2710	76	28.0	6	78	31	11.4	0	0	5	36	13.2
1903	2720	46	16.9	4	86	27	9.9	0	0	2	29	10.6
1904	2700	50	18.5	9	225	40	14.8	0	0	1	41	15.1
1905	2700	68	25.1	10	147	32	11.8	1	1	4	35	12.9
1906	2750	56	20.5	1	17	20	7.2	0	0	3	23	8.3
1907	2900	58	20.0	3	51	29	10.0	0	0	1	30	10.3
1908	3020	76	25.1	7	92	27	8.9	0	0	0	27	8.9
Averages for years 1899-1908.	2760	63	22.9	6	103	30	10.9				31	11.3
1909	3070	57	18.5	4	70	45	14.6	0	0	1	46	14.9

Area of District in acres, (exclusive of area covered by water), 10,102. Total population at all ages at Census of 1901, 2698. Number of inhabited houses at Census of 1901, 541. Average number of persons per house at Census of 1901, 4.9.

TABLE III.—Cases of Infectious Disease notified during the year 1909, in the  
Brampton and Walton Urban District.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total cases removed to Hospital.
	At all Ages.	AT AGES.						
		Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.	
Small-Pox ..	..	..	..	..	..	..	..	
Cholera ..	..	..	..	..	..	..	..	
Diphtheria (including Membranous Group)	2	1	1	..	..	..	..	
Erysipelas ..	1	..	..	..	1	..	..	
Scarlet Fever ..	27	..	19	2	..	..	7	
Typhus Fever ..	..	..	..	..	..	..	..	
Enteric Fever ..	..	..	..	..	..	..	..	
Relapsing Fever ..	..	..	..	..	..	..	..	
Continued Fever ..	..	..	..	..	..	..	..	
Puerperal Fever ..	..	..	..	..	..	..	..	
Plague ..	..	..	..	..	..	..	..	
TOTALS..	30	..	20	2	1	..	7	

ISOLATION HOSPITAL—Penmore Hospital, Hasland. Number of diseases that can be concurrently treated, 2.

**TABLE IV.—Causes of, and Ages at, Death during year 1909.  
Brampton and Walton Urban District.**

CAUSES OF DEATH.	Death at the subjoined ages of "Residents" whether occurring in or beyond the District.						
	All ages.	Under 1 year.	1 and under 5.	5 and under 15	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox .. ..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..
Scarlet Fever .. ..	..	..	..	..	..	..	..
Whooping Cough ..	1	1	..	..	..	..	..
Diphtheria (including Membranous Croup) ..	..	..	..	..	..	..	..
Croup .. ..	..	..	..	..	..	..	..
Fever { Typhus .. ..	..	..	..	..	..	..	..
{ Enteric .. ..	..	..	..	..	..	..	..
{ Other continued ..	..	..	..	..	..	..	..
Epidemic Influenza ..	..	..	..	..	..	..	..
Cholera .. ..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..
Diarrhœa .. ..	1	1	..	..	..	..	..
Enteritis .. ..	..	..	..	..	..	..	..
Gastritis .. ..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis) ..	7	..	..	..	3	4	..
Other Tuberculous Diseases .. ..	2	1	..	..	1	..	..
Cancer (malignant disease) .. ..	2	..	..	..	..	..	2
Bronchitis .. ..	3	1	..	..	..	2	..
Pneumonia .. ..	4	..	..	..	1	2	1
Pleurisy .. ..	..	..	..	..	..	..	..
Other Diseases of Respiratory Organs ..	..	..	..	..	..	..	..
Alcoholism .. ..	1	..	..	..	..	1	..
Cirrhosis of Liver } ..	..	..	..	..	..	..	..
Venereal Diseases ..	..	..	..	..	..	..	..
Premature Birth ..	..	..	..	..	..	..	..
Diseases and Accidents of Parturition ..	1	..	..	..	..	1	..
Heart Diseases .. ..	8	..	..	1	..	3	4
Accidents .. ..	2	..	..	..	..	2	..
Suicides .. ..	..	..	..	..	..	..	..
All other causes ..	14	..	..	1	..	3	10
All causes .. ..	46	4	..	2	5	18	17



**TABLE V.--Infantile Mortality during the Year 1909 in the  
Brampton and Walton Urban District.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—2 months	2—3 months	3—4 months	4—5 months	5—6 months	6—7 months	7—8 months	8—9 months	9—10 months	10—11 months	11—12 months	Total Deaths under One Year.
All Causes.	Certified ..	..	..	..	..	..	..	I	..	..	I	I	..	..	I	..	..	4
	Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Infectious Diseases.	Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Chicken-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diphtheria, including Membranous Croup ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Whooping Cough ..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..	..
Diarrhoeal Diseases.	Diarrhoea, all forms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..	..
	Enteritis, Muco-enteritis, Gastro-enteritis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Gastritis, Gastro-intestinal Catarrh ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wasting Diseases.	Premature Birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Congenital Defects ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Injury at Birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Want of Breastmilk ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Starvation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Diseases.	Atrophy, Debility, Marasmus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculous Peritonitis, Tabes Mesenterica ..	..	..	..	..	..	..	I	..	..	..	..	..	..	..	..	..	..
	Other Tuberculous Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Syphilis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Meningitis ( <i>not Tuberculous</i> ) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Convulsions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Bronchitis ..	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	..
	Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Suffocation, overlying ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Causes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		..	..	..	..	..	..	I	..	..	I	I	..	..	I	..	..	4

Population, estimated to middle of 1909, 3070.

Births in the year—Legitimate, 54 ; Illegitimate, 3.

Deaths in the year—Legitimate infants, 4 ; Illegitimate infants, 0.

Deaths from all Causes at all Ages, 45.

# BRAMPTON AND WALTON SANITARY DISTRICT.

Name of Inspector : WILLIAM JOHN NICHOLLS.

Area of District, 10,102.

Estimated No. of Houses, 638.

New Houses Erected 1909, 12.

	Informal Notices Served by Sanitary Inspector.	Legal notices served by Local Authority.	Nuisances Abated.
<b>DWELLING HOUSES—</b>			
Repaired .. .. .			
Closed as Unfit for Habitation ..			
Infected Houses Disinfected ..			10
<b>DRAINAGE—</b>			
No Disconnection of Waste Pipe ..	8		8
Defective Taps, Inlets, and Drains	19		19
Drains Obstructed .. .. .	4		4
<b>CLOSET AND ASHPITS—</b>			
Insanitary Privies and Ashpits ..	15		15
Insufficient Closet Accommodation			
Conversion of Privies in W.C.'s ..			
Defective Water Closets .. ..			
<b>OTHER DEFECTS—</b>			
Surfaces of Courts and Yards ..			
Eaves Spouts and Down-Spouts ..			
Urinals Defective .. .. .			
Water Supply .. .. .			
Offensive Accumulations .. ..	1		1
Animals improperly kept .. ..			
Pigsties .. .. .			
Smoke Nuisances .. .. .			
Overcrowding .. .. .			
Foul Condition of Houses .. ..			
Totals .. .. .	47		57
	No. on Register.	Inspections made.	Notices Served.
Dairies, Cowsheds, and Milkshops ..	48	95	only informal
Bakehouses .. .. .	1		
Slaughterhouses .. .. .	4	16	
Offensive Trades .. .. .			
Common Lodging Houses .. ..			
Totals .. .. .	53	111	

Action taken by Inspector against spread of Infectious Disease : Printed instructions and disinfectants supplied and houses disinfected by fumigation with sulphur.

Samples of Water submitted for Analysis, 19.



